Cancer Screening Leave Request

New York State Civil Service Law entitles employees to take up to four hours of paid leave annually, without charge to leave credits, for both breast cancer and prostate cancer screening. Travel time is included in the four-hour cap. Absence beyond the four hours must be charged to leave credits. Employees who undergo screenings outside their regular work schedule do so on their own time.

To properly request this absence, please complete the information below. Return the completed form to your supervisor or Department Head for approval within ten (10) business days before the date on which you expect to be absent from work. Have your provider sign the Certification at the time of your appointment. Document the time off on your timesheet as an excused absence.

To be completed by employee (please type or print):

Employee Name: _____

Health Care Provider: _____

Date of Service: _____

Time expected to be absent from work (including travel time):

From: _____ to: _____

I hereby certify that this request for time off from work is for the purpose of obtaining a breast and/or prostate cancer screening pursuant to Sections 159-b and/or 159-c of the New York State Civil Service Law.

_____ _____
Signature of Employee Date

Approved: _____ _____
Signature of Department Head Date

If request for leave is denied, please set forth the reasons: _____
_____
_____

Please detach and return this certification to the Personnel Office within ten (10) days of your cancer screening in order to receive payment for your screening as an excused absence. If necessary, forms can be faxed to (631)727-1768. If mailing this certification, please send to:

Town of Riverhead
Personnel Department
552 East Main Street
Riverhead, NY 11901

Certification of Health Care Provider

_____
Patient Name (Please print)

This is to certify that I have provided a breast and/or prostate cancer screening of the individual listed above on _____ (date) at _____ (time).

_____ _____
Signature of Health Care Provider Date